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## BIB DATA SHEET

CONFIRMATION NO. 5639

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/868,123	04/02/2002	435	1647	22058-514NATL
<b>RULE</b>				
<b>APPLICANTS</b> Mary Collins, Natick, MA; Debra Donaldson, Medford, MA; Lori Fitz, Arlington, MA; Tamlyn Neben, Walnut Creek, CA; Matthew J Whitters, Hudson, MA; Clive Wood, Boston, MA; Marsha Wills-Karp, Cincinnati, OH;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US99/29493 12/13/1999 /RMD/				
<b>** FOREIGN APPLICATIONS *****</b> NONE /RMD/				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /REGINA M DEBERRY/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance RMD Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 47
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> Mintz Levin Cohn Ferris Glovsky and Popeo One financial Center Boston, MA 02111 UNITED STATES				
<b>TITLE</b> Cytokine receptor chain				
<b>FILING FEE RECEIVED</b> 2191	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	